

STANDARD CERTIFICATE OF DEATH

State File No. **41603**

FILED NOV 25 1957

BIRTH NO. _____		REG. DIST. NO. <b>310</b>		PRIMARY REG. DIST. NO. <b>3058</b>		Registrar's No. <b>267</b>	
1. PLACE OF DEATH a. COUNTY <b>St Charles</b>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Charles</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Charles</b>		c. LENGTH OF STAY (in this place) <b>50 yrs</b>		c. CITY OR TOWN <b>St Charles</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1604 Tompkins</b>				e. STREET ADDRESS (If rural, give location) <b>1604 Tompkins</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>David</b>		b. (Middle) <b>L</b>		c. (Last) <b>Fine</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 16 1957</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Nov. 27 1859</b>	
9. AGE (In years last birthday) <b>97</b>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watchman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lumber Yard</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Jefferson County Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jacob Fine</b>		13b. MOTHER'S MAIDEN NAME <b>Hannah Neally</b>		14. NAME OF HUSBAND OR WIFE <b>Malinda Madding Fine</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-28-8786</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs August Honerkamp</b> ADDRESS <b>St. Charles Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4200</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>January, 1949</b> , to <b>November, 1957</b> that I last saw the deceased alive on <b>Nov. 16, 1957</b> , and that death occurred at <b>7:30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Dr. D. Randall, M.D.</b>				23b. ADDRESS <b>307 N. 5th St. Charles Mo.</b>		23c. DATE SIGNED <b>Nov. 18, 1957</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov 19 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove</b>		24d. LOCATION (City, town, or county) (State) <b>St Charles Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Nov. 18-57</b>		REGISTRAR'S SIGNATURE <b>Maecella Wilson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur Chene</b>		ADDRESS <b>St Charles Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 3147

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.